

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To: Rate changes for case management services

Case Management
Providers

HMOs and Other
Managed Care
Programs

This *Wisconsin Medicaid and BadgerCare Update* describes changes to the federal share reimbursement rates for case management services.

Changes to federal share

On April 1, 2003, the federal share for case management services increased from 58.43% to 61.52%. This increase is effective for claims processed and paid April 1, 2003, through September 30, 2003.

Effective for claims processed and paid on and after October 1, 2003, the federal share for case management services will decrease from 61.52% to 61.38%. Wisconsin Medicaid will pay only the federal share of the contracted rates for case management services.

Automatic claim adjustments

Wisconsin Medicaid will automatically adjust claims that were processed and paid at the lower percentage from April 2003 through September 2003. Providers do not need to request an adjustment.

Contracted rates remain unchanged

The contracted rates for case management services remain unchanged.

The contracted rate is the uniform rate determined by the Department of Health and Family Services and required by the Medicaid state plan.

Updated fee schedules

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for the updated Wisconsin Medicaid fee schedules.

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

PHC 1250

ATTACHMENT

Wisconsin Medicaid fee schedule for case management services

Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible recipients.

This fee schedule contains the following information:

Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
Description	An abbreviated description of the procedure code.
Contracted Rate	The uniform rate determined by the Division of Health Care Financing (DHCF).
Reimbursement (federal share)	The federal share of the contracted rate. This is the amount paid per unit by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, prior authorization).

The preceding information is intended to help providers understand the Wisconsin Medicaid fee schedule. For questions about the fee schedule, providers should contact Provider Services at (800) 947-9627 or (608) 221-9883. For questions about rates, providers should contact the DHCF by writing to:

Policy Analyst
Division of Health Care Financing
Case Management Services
PO Box 309
Madison WI 53701-0309

Wisconsin Medicaid fee schedule for case management services					
Procedure code	Description	Contracted rate*	Reimbursement (federal share) paid 10/1/02 through 3/31/03	Reimbursement (federal share) paid 4/1/03 through 9/30/03	Reimbursement (federal share) paid on and after 10/1/03
W7051	Assessment	\$43.27	\$25.28	\$26.62	\$26.56
W7061	Case planning	\$43.27	\$25.28	\$26.62	\$26.56
W7062	Institutional discharge planning	\$43.27	\$25.28	\$26.62	\$26.56
W7071	Ongoing monitoring and service coordination	\$43.27	\$25.28	\$26.62	\$26.56
T1017 with modifiers "U1"- "U4"	Targeted case management, each 15 minutes	\$10.82	N/A	N/A	\$6.64

*Contracted rates are effective for dates of service (DOS) on and after July 1, 2002, *except* for procedure code T1017, which is effective for DOS on and after October 1, 2003.